



Acton Early Childhood Centre

WAITING LIST APPLICATION

22 Balmain Cres
 Acton ACT 2601
 P: 6125 5554
 E: info@aecc.org.au

DATE OF APPLICATION: _____

CHILDREN(S) DETAILS

Child(rens) Names	Date of Birth	Sex
		M F
		M F
		M F

PARENT(S) DETAILS

	PARENT A	PARENT B
Relationship to Child		
Name		
Address		
Home Phone		
Work Phone		
Mobile		
Email		

CARE REQUIREMENTS

Date Education and Care is required to commence:	
Full Time – 5 Days per week	Yes No
Part Time – Specify which days (please circle)	MON TUES WED THURS FRI
Would you like to be contacted if we can offer other options such different days?	Yes No

PRIORITY OF ACCESS

Acton Early Childhood Centre gives priority to children of staff and students of the ANU. To verify ANU priority Parents are requested to provide AECC with a current ANU id number (uID) when applying to the waiting list.

Does your child have a sibling currently attending AECC?	Yes	No
Is Parent A an ANU Staff Member or Student?	Yes	No
	If yes, please provide your current ANU ID Number:	
Is Parent B an ANU Staff Member or Student?	Yes	No
	If yes, please provide your current ANU ID Number:	
Is your child at risk of serious abuse or neglect?	Yes	No
Are you a single parent or have a partner who meets the requirements for work, training or study test under section 14 of the "A new tax system (Family Assistance) Act 1999?	Yes	No
Are you of Aboriginal or Torres Strait Islander heritage?	Yes	No
Do you have NO affiliation with the ANU but seek enrolment at AECC?	Yes	No

IMMUNISATION

Is your child fully immunised? (Evidence is required prior to confirmation of enrolment)	Yes	No
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By completing this form and signing below;

- I commit to maintaining my place on the Waiting List by contacting the Service by telephone or email every 3 months.
- I acknowledge that if successful contact is not made with the Service every 3 months, this Waiting List Application may be discarded and my place on the Waiting List will be lost.
- I acknowledge that this is NOT an enrolment form and enrolment is NOT guaranteed at this point in time.
- If and when a place is offered, I commit to all conditions of enrolment and compliance with service policies.
- I submit this application form with the nominated administration fee of \$20. If the fee is not paid, I acknowledge that my child will not be placed on the waiting list until it is. This can be paid directly to:
ACCOUNT NAME: Acton Early Childhood Centre, BSB: 062-903, ACCOUNT NUMBER: 1015 0336
NB: Please use your child's surname as your reference when paying the waitlist fee - this helps to ensure that we have received your payment.
- **Upon acceptance of a place offered, I commit to payment of a non-refundable two-week deposit to secure my child's enrolment at AECC. This deposit will be credited to your account for payment of fees.**

Signed:	Date:
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OFFICE USE ONLY

\$20 Administration Fee Payment Received Date: _____

RECORD OF 3 MONTHLY CONTACT